

| | | | |
|---------------------------------|---|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>NWFA-127289152</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Nationwide Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49211</i> |
| <i>Company Tracking Number:</i> | <i>VAA-0101AO.9</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application Redesign and Order Entry Filing 2011</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Application Redesign and Order SERFF Tr Num: NWFA-127289152 State: Arkansas

Entry Filing 2011

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved-Closed

State Tr Num: 49211

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VAA-0101AO.9

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Angela D. Cox, Grace Holland, Leonja Merritt, Clara Pollard, Darcy L. Spangler, Natalie Walden

Disposition Date: 07/07/2011

Date Submitted: 07/01/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 09/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Concurrently being filed in Nationwide's state of domicile, Ohio.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/07/2011

State Status Changed: 07/07/2011

Deemer Date:

Created By: Clara Pollard

Submitted By: Darcy L. Spangler

Corresponding Filing Tracking Number:

Filing Description:

RE: Nationwide Life Insurance Company

NAIC # 66869 FEIN # 31-4156830 NAIC Group # 140

Individual Flexible Purchase Payment Variable Deferred Annuity Application Filing

SERFF Tracking Number: NWFA-127289152 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211
Company Tracking Number: VAA-0101AO.9
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application Redesign and Order Entry Filing 2011
Project Name/Number: /

Nationwide Destination Suite Applications

Application VAA-0101AO.9
Application VAA-0106AO.2
Application VAA-0118AO.3
Application VAA-0121AO.1
Application VAA-0122AO.1
Application VAA-0100AO.6

Order Entry Applications

Application VAA-0125AO.1
Application VAA-0136AO

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced forms for approval by the Department of Insurance (the "Department"). Upon approval by the Department Nationwide will begin utilizing the forms September 1, 2011.

These are standard applications and contain no unusual or innovative content.

TARGET MARKET

Information about the target market for each product with which the applications will be issued with, was provided to the Department at the time the product was submitted for approval.

Description of the Replacement Applications

Nationwide has redesigned the above applications to make them more consumer friendly. This includes language simplification, explanatory expansion, and the integration of more elections onto the application rather than using extensive administrative forms. Nationwide's intent with the redesign of its applications is to create a consumer friendly form, while striving to retain appropriate and complete disclosure. No changes have been made to contractual provisions or option availability previously approved by the Department.

The applications are to be used with individual flexible purchase payment deferred variable annuity contracts that are distributed through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The base contracts are written for non-qualified issuance only, but may also be sold as (with appropriate tax endorsement) an IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401(a) (investment only), non-ERISA 403(b) tax sheltered annuity, Optional Retirement Plans (ORPs), 401(k), or Charitable Remainder Trust (CRT).

| | | | |
|--------------------------|--|------------------------|---------------------------|
| SERFF Tracking Number: | NWFA-127289152 | State: | Arkansas |
| Filing Company: | Nationwide Life Insurance Company | State Tracking Number: | 49211 |
| Company Tracking Number: | VAA-0101AO.9 | | |
| TOI: | A03I Individual Annuities - Deferred Variable | Sub-TOI: | A03I.002 Flexible Premium |
| Product Name: | Application Redesign and Order Entry Filing 2011 | | |
| Project Name/Number: | / | | |

Replacement of Previously Approved Applications

Upon approval, the above referenced applications will be issued with the following previously approved contracts:

Contract Number Approved by the Department Department File No. / SERFF Tracking No.

VAC-0102AO approval date 9/24/2004, Department tracking number 27480.

VAC-0108AO approval date 11/23/2004, Department tracking number 27961.

VAC-0116AOCV approval date 10/22/2008, Department tracking number 40553.

VAC-0118AOCV approval date 6/30/2010, Department tracking number 46027.

VAC-0117AOCV approval date 9/09/2009, Department tracking number 43417.

VAC-0109AO approval date 5/13/2005, Department tracking number 28481.

Items Bracketed as Variable

- The Defense of Marriage Act disclosure language has been added to the top of each application with the applicable states bracketed as they may change over time.
- The post office box and zip code found in the address is bracketed as well as the phone number, as these items may change over time.
- The marketing name and product identifier number in the bottom right-hand corner are bracketed as other proprietary relationships may decide to market this product.
- The underlying mutual fund options are bracketed in sections 3a, 4b, and 4c to allow fund name changes or to add/delete funds from this product.

Please note: The marks located in the upper left and lower right-hand corners on each page of the applications are formatting marks and do not represent variability.

Application VAA-0125AO.1

Application VAA-0125AO.1 (the "Application") is new and replaces previously approved Application VAA-0125AO, approved by the Department 1/11/2011, Department Tracking number 47605.

VAA-0125AO.1 has been revised to include the bracketing of the product type of the Application in addition to adding the Defense of Marriage Act disclosure language at the top of the application.

| | | | |
|---------------------------------|---|-------------------------------|----------------------------------|
| <i>SERFF Tracking Number:</i> | <i>NWFA-127289152</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Nationwide Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>49211</i> |
| <i>Company Tracking Number:</i> | <i>VAA-0101AO.9</i> | | |
| <i>TOI:</i> | <i>A03I Individual Annuities - Deferred Variable</i> | <i>Sub-TOI:</i> | <i>A03I.002 Flexible Premium</i> |
| <i>Product Name:</i> | <i>Application Redesign and Order Entry Filing 2011</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

The Application is a common application designed to facilitate order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The Application will be generated based on customer specific information and will be customized to reflect only the optional features and investment options selected by the Contract Owner. Once the application has been reviewed by the Contract Owner, they will sign the application verifying the options elected.

The Application will be issued with the previously approved contracts listed below.

Contract VAC-0110AO approved on 9/22/2006, Department tracking number 33410.
 Contract VAC-0111AO approved on 2/15/2007, Department tracking number 35035.
 Contract VAC-0114AO approved on 11/01/2007, Department tracking number 37166.
 Contract VAC-0116AOCV approved on 10/22/2008, Department tracking number 40553.
 Contract VAC-0117AOCV approved on 9/09/2009, Department tracking number 43417.
 Contract VAC-0118AOCV approved on 6/30/2010, Department tracking number 46027.
 Contract VAC-0120AOCV.1 approved on 1/31/2011, Department tracking number 47798.

Application VAA-0136AO

Application VAA-0136AO (the "Application") is new and doesn't replace any other application. The Application is a common application designed to facilitate order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The Application will be generated based on customer specific information and will be customized to reflect only the optional features and investment options selected by the Contract Owner. Once the application has been reviewed by the Contract Owner, they will sign the application verifying the options elected.

Upon approval by the Department, the Application will be issued with the following previously approved contracts that contain Market Value Adjustments and Guaranteed Term Options:

Contract VAC-0102AO approved on 9/24/2004, Department tracking number 27480.
 Contract VAC-0108AO approved on 11/23/2004, Department tracking number 27961.
 Contract VAC-0109AO approved on 5/13/2005, Department tracking number 28481.

Items Bracketed as Variable (VAA-0125AO.1 and VAA-0136AO)

The bracketed items on the applications are customized for each Contract Owner based on information provided by the Contract Owner at time of application. Only the items chosen by the Contract Owner will appear on the application.

- The title of the Application is bracketed to reflect the title of the Contract to which the application will be issued with.

SERFF Tracking Number: NWFA-127289152 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211
Company Tracking Number: VAA-0101AO.9
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application Redesign and Order Entry Filing 2011
Project Name/Number: /

- The Defense of Marriage Act disclosure language has been added to the top of each application with the applicable states bracketed as they may change over time.
- The Product Name is bracketed as this application will be utilized with other products.
- The post office box and zip code found in the address is bracketed as well as the phone number, as they may change over time.
- The Joint Owner, Co-Annuitant, Contingent Owner and Contingent Annuitant sections are bracketed to reflect only those options chosen by the Contract Owner.
- The Contract Options Elected and Initial Purchase Payment Allocation fields are bracketed as this information will vary by Contract Owner selections.
- The Asset Rebalancing and Dollar Cost Averaging sections are bracketed under the Administrative Service section to reflect the options chosen by the Contract Owner. If the Contract Owner chooses not to elect either Asset Rebalancing or Dollar Cost Averaging, the word 'None' will appear on the Application.
- The Transfer Authorization for Registered Representative sections are bracketed so that only the option elected ("yes" or "no") by the Contract Owner will appear on the application.
- The Additional Registered Representative Information section is bracketed to reflect the possibility of more than one registered representative.

Other Information

Nationwide certifies that, to the best of its knowledge and belief, the applications submitted comply with all of the laws and regulations of your state.

Nationwide's printers use various fonts and layouts; therefore, Nationwide reserves the right to format the pages of these forms to conform to the printer's requirements. No change in language will occur, only a possible page break or page renumbering.

Company and Contact

Filing Contact Information

Clara Pollard, Sr. Compliance Analyst, pollarc@nationwide.com
Corporate Compliance

SERFF Tracking Number: NWFA-127289152 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211
Company Tracking Number: VAA-0101AO.9
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application Redesign and Order Entry Filing 2011
Project Name/Number: /

PO Box 182455 800-691-0023 [Phone] 94507 [Ext]
1-33-102 614-249-2112 [FAX]
Columbus, OH 43272-8921

Filing Company Information

| | | |
|-----------------------------------|-------------------------|-------------------------|
| Nationwide Life Insurance Company | CoCode: 66869 | State of Domicile: Ohio |
| PO Box 182455 | Group Code: 140 | Company Type: |
| 1-33-102 | Group Name: | State ID Number: |
| Columbus, OH 43272-8921 | FEIN Number: 31-4156830 | |
| (800) 691-0023 ext. [Phone] | | |

Filing Fees

| | |
|------------------|---|
| Fee Required? | Yes |
| Fee Amount: | \$400.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50 per form X 8 forms = \$400.00 which is greater than retaliatory fee. |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|----------|----------------|---------------|
| Nationwide Life Insurance Company | \$400.00 | 07/01/2011 | 49326675 |

SERFF Tracking Number: NWFA-127289152 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211
Company Tracking Number: VAA-0101AO.9
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application Redesign and Order Entry Filing 2011
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 07/07/2011 | 07/07/2011 |

SERFF Tracking Number: *NWFA-127289152* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *49211*
Company Tracking Number: *VAA-0101AO.9*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Application Redesign and Order Entry Filing 2011*
Project Name/Number: */*

Disposition

Disposition Date: 07/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWFA-127289152 State: Arkansas

Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Form | Application | | Yes |
| Form | Application | | Yes |
| Form | Application | | Yes |
| Form | Application | | Yes |
| Form | Application | | Yes |
| Form | Application | | Yes |
| Form | Application | | Yes |
| Form | Application | | Yes |

SERFF Tracking Number: NWFA-127289152 State: Arkansas

Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211

Company Tracking Number: VAA-0101AO.9

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Application Redesign and Order Entry Filing 2011

Project Name/Number: /

Form Schedule

Lead Form Number: VAA-0101AO.9

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------|------------------------------|---------|---|-------------|-------------------------------------|
| | VAA-0101AO.9 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0101AO.7 Previous Filing #: 41919 | 0.000 | VAA-0101AO.9 Bracketed John Doe.pdf |
| | VAA-0106AO.2 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0106AO.1 Previous Filing #: 41398 | 0.000 | VAA-0106AO.2 Bracketed John Doe.pdf |
| | VAA-0118AO.3 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0118AO.1 Previous Filing #: 41919 | 0.000 | VAA-0118AO.3 Bracketed John Doe.pdf |
| | VAA-0121AO.1 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0121AO Previous Filing #: 46027 | 0.000 | VAA-0121AO.1 Bracketed John Doe.pdf |
| | VAA-0122AO.1 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0122AO Previous Filing #: 44322 | 0.000 | VAA-0122AO.1 Bracketed John Doe.pdf |
| | VAA-0100AO.6 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0100AO.5 Previous Filing #: 41399 | 0.000 | VAA-0100AO.6 Bracketed John Doe.pdf |
| | VAA-0125AO.1 | Application/ Enrollment Form | Revised | Replaced Form #: VAA-0125AO Previous Filing #: 47605 | 0.000 | VAA-0125AO.1.pdf |
| | VAA- | Application/ Application | Initial | | 0.000 | VAA- |

| | | | |
|---------------------------------|--|-------------------------------|---------------------------|
| <i>SERFF Tracking Number:</i> | NWFA-127289152 | <i>State:</i> | Arkansas |
| <i>Filing Company:</i> | Nationwide Life Insurance Company | <i>State Tracking Number:</i> | 49211 |
| <i>Company Tracking Number:</i> | VAA-0101AO.9 | | |
| <i>TOI:</i> | A03I Individual Annuities - Deferred Variable | <i>Sub-TOI:</i> | A03I.002 Flexible Premium |
| <i>Product Name:</i> | Application Redesign and Order Entry Filing 2011 | | |
| <i>Project Name/Number:</i> | / | | |
| 0136AO | Enrollment Form | | 0136AO.pdf |

[DC, IA, IL, NH, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: John MI: Q Last Name: Doe

Employer/Trust Name (if applicable):

(Additional forms required. See the New Business enrollment packet.)

Date of Birth: 01/01/1956 Sex: ☒ M ☐ F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8 9

Street: 123 Anystreet

| | | | | | |
|-------|---------|--------|----------|------|-------|
| City: | Anycity | State: | Anystate | ZIP: | 12345 |
|-------|---------|--------|----------|------|-------|

| | | | |
|-----------------|---------------------|-----------------------|------------------|
| E-mail Address: | jdoe@abccompany.com | Daytime Phone Number: | (222) 222-2222 |
|-----------------|---------------------|-----------------------|------------------|

1b. Joint/Contingent Owner

Check **one** box only: ☒ Joint Owner *(Limited to spouses, except in HI.)*

☐ Contingent Owner (Available only with Non-Qualified Contracts.)

| | | | | | |
|-------------|------|-----|---|------------|-----|
| First Name: | Jane | MI: | M | Last Name: | Doe |
|-------------|------|-----|---|------------|-----|

Date of Birth: 12/01/1961 Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321

Address: ☒ Same address as owner Street:

| | | |
|-------|--------|------|
| City: | State: | ZIP: |
|-------|--------|------|

1c. Annuitant Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)

First Name: MI: Last Name:

Relationship to Contract Owner:

Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -

Address: ☐ Same address as owner Street:

| | | | | | |
|-------|--|--------|--|------|--|
| City: | | State: | | ZIP: | |
|-------|--|--------|--|------|--|

| | |
|-----------------|--------------------------------|
| E-mail Address: | Daytime Phone Number: () |
|-----------------|--------------------------------|

1d. Spousal Protection/Co-Annuitant *No added charge, part of the death benefit. **Not available with CRTs (Charitable Remainder Trust).** Must be age 85 or younger. With Spousal Protection, both spouses will automatically be Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person.*

☐ Same as Joint Owner

First Name: MI: Last Name:

Date of Birth: _____ Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: _____ - _____

Address: ☐ Same address as owner Street:


City: _____ State: _____ ZIP: _____



1e. Contingent Annuitant (Must be age 85 or younger.)

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.
Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.

 If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.
By designating your spouse as a primary beneficiary AND not completing Spousal Protection/Co-Annuitant (section 1d), Nationwide will automatically add the Spousal Protection feature. If you do not want the Spousal Protection feature, please check the box below.

☐ I do not wish to add the Spousal Protection feature to my contract.

Primary Beneficiaries

☐ Pay all Primary Beneficiaries equally

Legal First Name: John MI: Q Last Name: Doe
Relationship to Annuitant: Self Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789 Sex: ☒ M ☐ F Date of Birth: 01/01/1956
Address: ☒ Same address as owner Street:
City: State: ZIP:

Legal First Name: Jane MI: M Last Name: Doe
Relationship to Annuitant: Wife Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321 Sex: ☐ M ☒ F Date of Birth: 12/01/1961
Address: ☒ Same address as owner Street:
City: State: ZIP:

Contingent Beneficiaries

☐ Pay all Contingent Beneficiaries equally

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

If more than two Beneficiaries, list additional names on the Additional Beneficiaries form (in New Business Enrollment Packet).



2. Contract Information

2a. Contract Type *Must specify by checking a box.*

- ☐ Non-Qualified
- ☐ Beneficially Owned Non-Qualified*
- ☐ CRT* (Charitable Remainder Trust)
- ☒ Traditional IRA – Tax Year:
- ☐ Beneficially Owned/Inherited IRA*
- ☐ Custodial Owned IRA
- ☐ Roth IRA – Tax Year: Tax Year Roth IRA started:
- ☐ Beneficially Owned/Inherited Roth IRA*
- ☐ SIMPLE IRA*
- ☐ SEP IRA*
- ☐ 401(k)*
- ☐ 401(a)* (Investment Only)
- ☐ ORP 403(b)*

* Additional forms required.

2b. Purchase Payment

Approximate Amount: **\$5,000 initial minimum for Non-Qualified and CRTs (\$3,000 for all other contract types).**

Payment Submitted Via: ☒ Check ☐ Wire ☐ 1035(a) Exchange* ☐ Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.

2c. Transfer Authorization for Registered Representative

☐ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. I elect: ☒ The Nationwide Lifetime Income Rider® (L.inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Dollar Cost Averaging (DCA) with L.inc

☐ 6-Month Enhanced DCA

☐ 12-Month Enhanced DCA

If neither box is checked DCA will **not** be established.

Select one or more funds from Box A, or one model from Box B.

A Whole percentages only. Must add up to 100%.

- | | | |
|---------------------------------|---|--|
| <input type="text" value="50"/> | % | American Funds NVIT Asset Allocation Fund |
| <input type="text"/> | % | Fidelity VIP Freedom Fund 2010 Portfolio |
| <input type="text"/> | % | Fidelity VIP Freedom Fund 2020 Portfolio |
| <input type="text" value="50"/> | % | NVIT Cardinal SM Conservative Fund |
| <input type="text"/> | % | NVIT Cardinal SM Moderately Conservative Fund |
| <input type="text"/> | % | NVIT Cardinal SM Balanced Fund |
| <input type="text"/> | % | NVIT Cardinal SM Moderate Fund |
| <input type="text"/> | % | NVIT Cardinal SM Capital Appreciation Fund |
| <input type="text"/> | % | NVIT Investor Dest. Conservative Fund |
| <input type="text"/> | % | NVIT Investor Dest. Moderately Conservative Fund |
| <input type="text"/> | % | NVIT Investor Dest. Balanced Fund |
| <input type="text"/> | % | NVIT Investor Dest. Moderate Fund |
| <input type="text"/> | % | NVIT Investor Dest. Capital Appreciation Fund |

= 100%

To elect asset rebalancing, please complete section 4a.

B Elect **one** option only. 100% of the variable money in the contract will be allocated to option elected.

☐ American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)

☐ Nationwide Custom Portfolio



Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Please check the box which best describes your anticipated use of this benefit.

☐ Immediately ☐ In ____ years ☒ Not Sure



If you want to begin immediate income, you must complete the L.inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from L.inc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. **Not available with CRT (Charitable Remainder Trust) contracts.**

☒ Spousal Continuation Benefit

☐ Same as Co-Annuitant

First Name:

MI:

Last Name:

Date of Birth:

Sex: ☐ M ☒ F

Soc. Sec. No. or Tax ID:



3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): ☐ Standard Death Benefit
☐ One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)

3d. Beneficiary Protector II *Not available in ND and WA.*

I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Asset Rebalancing *The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.*

☐ Quarterly ☐ Semi-Annually ☐ Annually

4b. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)

Do not complete this section if you selected DCA with L.inc in section 3a.

- ☐ 6-month Enhanced
☐ 12-month Enhanced
☐ Interest Averaging Monthly **Not available with L.inc**
☐ Standard Account Monthly: Dollar Amount to DCA \$ **Not available with L.inc**
(Choose only one fund.)
☐ Fixed Account
☐ NVIT Money Market Fund
☐ Neuberger Berman Advisers Management Trust
AMT Short Duration Bond Portfolio
☐ NVIT Short Term Bond Fund
☐ PIMCO VIT Low Duration Portfolio
☐ NVIT Core Bond Fund
☐ NVIT Government Bond Fund

4c. Purchase Payment Allocation and Disclosures

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

Must be whole percentages and must add up to 100%.

| | | | | | |
|--|--|--|--|--|--|
| AllianceBernstein Variable Products Series Fund, Inc. | | Janus Aspen Series | | % NVIT Multi-Manager International Growth Fund* | |
| % AllianceBernstein VPS Small/Mid Cap Value Portfolio | | % Janus Aspen Series Forty Portfolio | | % NVIT Multi-Manager International Value Fund* | |
| American Century Variable Portfolios, Inc. | | % Janus Aspen Series Global Technology Portfolio* | | % NVIT Multi-Manager Large Cap Growth Fund | |
| % American Century VP Mid Cap Value Fund | | % Janus Aspen Series Overseas Portfolio* | | % NVIT Multi-Manager Large Cap Value Fund | |
| American Century Variable Portfolios II, Inc. | | MFS® Variable Insurance Trust | | % NVIT Multi-Manager Mid Cap Growth Fund | |
| % American Century VP Inflation Protection Fund | | % MFS VIT Value Series | | % NVIT Multi-Manager Mid Cap Value Fund | |
| BlackRock Variable Series Funds, Inc. | | MFS® Variable Insurance Trust II | | % NVIT Multi-Manager Small Cap Growth Fund | |
| % BlackRock Global Allocation V.I. Fund | | % MFS VIT International Value Portfolio | | % NVIT Multi-Manager Small Cap Value Fund | |
| Dreyfus | | Nationwide Variable Insurance Trust (NVIT) | | % NVIT Multi-Manager Small Company Fund | |
| % Dreyfus IP Small Cap Stock Index Portfolio | | % American Century NVIT Growth Fund | | % NVIT Multi Sector Bond Fund | |
| % Dreyfus Stock Index Fund, Inc. | | % American Century NVIT Multi Cap Value Fund | | % NVIT Nationwide Fund | |
| % Dreyfus VIF Appreciation Portfolio | | % American Funds NVIT Asset Allocation Fund | | % NVIT Real Estate Fund | |
| Fidelity Variable Insurance Products Fund | | % American Funds NVIT Bond Fund | | % NVIT Short Term Bond Fund | |
| % Fidelity VIP Energy Portfolio* | | % American Funds NVIT Global Growth Fund | | % Oppenheimer NVIT Large Cap Growth Fund | |
| % Fidelity VIP Equity-Income Portfolio | | % American Funds NVIT Growth Fund | | % Templeton NVIT International Value Fund* | |
| % Fidelity VIP Freedom Fund 2010 Portfolio | | % American Funds NVIT Growth-Income Fund | | % Van Kampen NVIT Comstock Value Fund | |
| % Fidelity VIP Freedom Fund 2020 Portfolio | | % Federated NVIT High Income Bond Fund* | | Neuberger Berman Advisers Management Trust | |
| % Fidelity VIP Freedom Fund 2030 Portfolio | | % Neuberger Berman NVIT Multi Cap Opportunities Fund | | % Neuberger Berman AMT Short Duration Bond Portfolio | |
| % Fidelity VIP Growth Portfolio | | % Neuberger Berman NVIT Socially Responsible Fund | | Oppenheimer Variable Account Funds | |
| % Fidelity VIP Investment Grade Bond Portfolio | | % NVIT Cardinal SM Aggressive Fund | | % Oppenheimer Global Securities Fund/VA* | |
| % Fidelity VIP Mid Cap Portfolio | | % NVIT Cardinal SM Balanced Fund | | % Oppenheimer Main Street® Fund/VA | |
| % Fidelity VIP Overseas Portfolio* | | % NVIT Cardinal SM Capital Appreciation Fund | | % Oppenheimer Main Street Small- & Mid-Cap Fund®/VA | |
| Franklin Templeton Variable Insurance Products Trust | | % NVIT Cardinal SM Conservative Fund | | PIMCO Variable Insurance Trust | |
| % Franklin Templeton VIPT Founding Funds Allocation Fund | | % NVIT Cardinal SM Moderate Fund | | % PIMCO VIT Foreign Bond Portfolio (unhedged) | |
| % Franklin Templeton VIPT Global Bond Securities Fund* | | % NVIT Cardinal SM Moderately Aggressive Fund | | % PIMCO VIT Low Duration Portfolio | |
| % Franklin Templeton VIPT Income Securities Fund | | % NVIT Cardinal SM Moderately Conservative Fund | | % PIMCO VIT Total Return Portfolio | |
| % Franklin VIPT Small Cap Value Securities Fund | | % NVIT Core Bond Fund | | T. Rowe Price Equity Series, Inc. | |
| Huntington Variable Annuity Funds | | % NVIT Core Plus Bond Fund | | % T. Rowe Price Health Sciences Portfolio | |
| % Huntington VA International Equity Fund | | % NVIT Emerging Markets Fund* | | Van Eck VIPT | |
| % Huntington VA Situs Fund | | % NVIT Government Bond Fund | | % Van Eck VIPT Global Hard Assets Fund* | |
| Invesco Variable Insurance Funds | | % NVIT International Equity Fund* | | Wells Fargo Advantage Variable Trust | |
| % Invesco V.I. Capital Development Fund | | % NVIT International Index Fund* | | % Wells Fargo Advantage VT Small Cap Growth Fund | |
| Ivy Funds Variable Insurance Portfolios, Inc. | | % NVIT Investor Dest. Aggressive Fund | | Nationwide Life Insurance Company | |
| % Ivy Funds VIP Asset Strategy | | % NVIT Investor Dest. Balanced Fund | | % Fixed Account | |
| | | % NVIT Investor Dest. Capital Appreciation Fund | | MVA/Guar. Term Option (GTO) Not avail. in WA | |
| | | % NVIT Investor Dest. Conservative Fund | | % \$1,000 minimum for each MVA/GTO Option selected. | |
| | | % NVIT Investor Dest. Moderately Aggressive Fund | | % 3 Year | |
| | | % NVIT Investor Dest. Moderately Conservative Fund | | % 5 Year | |
| | | % NVIT Mid Cap Index Fund | | % 7 Year | |
| | | % NVIT Money Market Fund | | % 10 Year | |

Total fund allocations must equal 100%.



5. State Disclosures

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC, and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

6. Contract Owner Signatures and Authorizations

6a. Replacement Information

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization (GTO/MVA not available in WA).

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



**Contract Owner
Must Sign Here:**

X John Q. Doe

Joint Contract Owner Signature (if any): X

Jane M. Doe

State In Which Application Was Signed: Anystate

Date: October 10, 2011

7. Primary Registered Representative Information

7a. Primary Registered Representative Replacement Information



- ☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☒ No Will the applied for Contract replace any existing life insurance or annuity contracts?

7b. Primary Registered Representative Information (Please print.)

First Name: MI: Last Name:
Office Street Address:
City: State: ZIP:
Phone: Percentage %
E-mail:
Broker/Dealer Name:
SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: ☒ Thomas A Moore

Date:

Principal's Signature: ☒ James P Smith

Date:

8. Additional Registered Representative Information

8a. Additional Registered Representative Replacement Information



- ☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?

8b. Additional Registered Representative Information (Please print.)

First Name: MI: Last Name:
Office Street Address:
City: State: ZIP:
Phone: Percentage %
E-mail:
Broker/Dealer Name:
SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: ☒

Date:

Principal's Signature: ☒

Date:



Nationwide Life Insurance Company

P.O. Box [182021]
Columbus, OH [43218-2021]
[1-800-321-6064]

[Nationwide DestinationSM C]

Nationwide Destination is a service mark of Nationwide
Mutual Insurance Company
Application for

Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$10,000

Page 1 of 7

[DC, IA, IL, NH, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: John

MI: Q

Last Name: Doe

Employer/Trust Name (if applicable):

(Additional forms required. See the New Business enrollment packet.)

Date of Birth: 01/01/1956

Sex: ☒ M ☐ F

Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8 9

Street: 123 Anystreet

City: Anycity

State: Anystate

ZIP: 12345

E-mail Address: jdoe@abccompany.com

Daytime Phone Number: (222) 222-2222

1b. Joint/Contingent Owner

Check **one** box only: ☒ Joint Owner (Limited to spouses, except in HI.)

☐ Contingent Owner (Available only with Non-Qualified Contracts.)

First Name: Jane

MI: M

Last Name: Doe

Date of Birth: 12/01/1961

Sex: ☐ M ☒ F

Soc. Sec. No. or Tax ID: 987 - 65 - 4321

Address: ☒ Same address as owner

Street:

City:

State:

ZIP:

1c. Annuitant Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)

First Name:

MI:

Last Name:

Relationship to Contract Owner:

Date of Birth:

Sex: ☐ M ☐ F

Soc. Sec. No. or Tax ID: - -

Address: ☐ Same address as owner

Street:

City:

State:

ZIP:

E-mail Address:

Daytime Phone Number: ()

1d. Spousal Protection/Co-Annuitant Must be age 85 or younger. By completing this section, you are electing (for an additional charge, part of the death benefit) the Spousal Protection Option. **Not available with CRTs (Charitable Remainder Trust).** With Spousal Protection, both spouses will automatically be Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person.

☐ Same as joint owner

First Name:

MI:

Last Name:

Date of Birth:

Sex: ☐ M ☐ F

Soc. Sec. No. or Tax ID: - -

Address: ☐ Same address as owner

Street:

City:


State:

ZIP:

1e. Contingent Annuitant (Must be age 85 or younger.)

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.
Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.

 If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.

If you do not want the Spousal Protection feature, please check the box below.

☐ I do not wish to add the Spousal Protection feature to my contract.

Primary Beneficiaries

☐ Pay all Primary Beneficiaries equally

Legal First Name: John MI: Q Last Name: Doe
Relationship to Annuitant: Self Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789 Sex: ☒ M ☐ F Date of Birth: 01/01/1956
Address: ☒ Same address as owner Street:
City: State: ZIP:

Legal First Name: Jane MI: M Last Name: Doe
Relationship to Annuitant: Wife Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321 Sex: ☐ M ☒ F Date of Birth: 12/01/1961
Address: ☒ Same address as owner Street:
City: State: ZIP:

Contingent Beneficiaries

☐ Pay all Contingent Beneficiaries equally

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

If more than two Beneficiaries, list additional names on the Additional Beneficiaries form (in New Business Enrollment Packet).



2. Contract Information

2a. Contract Type *Must specify by checking a box.*

- ☒ Non-Qualified
- ☐ Beneficially Owned Non-Qualified*
- ☐ CRT* (Charitable Remainder Trust)
- ☐ Traditional IRA – Tax Year:
- ☐ Beneficially Owned/Inherited IRA*
- ☐ Custodial Owned IRA
- ☐ Roth IRA – Tax Year: Tax Year Roth IRA started:
- ☐ Beneficially Owned/Inherited Roth IRA*
- ☐ SIMPLE IRA*
- ☐ SEP IRA*
- ☐ 401(k)*
- ☐ 401(a)* (Investment Only)
- ☐ ORP 403(b)*

* Additional forms required.

2b. Purchase Payment

Approximate Amount: \$ (\$10,000 initial minimum.)

Payment Submitted Via: ☒ Check ☐ Wire ☐ 1035(a) Exchange* ☐ Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.

2c. Transfer Authorization for Registered Representative

☐ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): ☒ Standard Death Benefit
☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
☐ Combination Enhanced Death Benefit - Greater of One-Year/5% Interest (Annuitant/Co-Annuitant, age 75 or younger.) **Not available in WA.**

3b. Beneficiary Protector II **Not available in ND and WA.**

I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Asset Rebalancing *The contract value will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.*

☐ Quarterly ☐ Semi-Annually ☐ Annually

4b. Dollar Cost Averaging (DCA) – DCA these allocations from:

☐ Standard Account Monthly: Dollar Amount to DCA \$

(Choose only one fund.)

- ☐ NVIT Money Market Fund
- ☐ Neuberger Berman Advisers Management Trust
AMT Short Duration Bond Portfolio
- ☐ NVIT Short Term Bond Fund
- ☐ PIMCO VIT Low Duration Portfolio
- ☐ NVIT Core Bond Fund
- ☐ NVIT Government Bond Fund

4c. Purchase Payment Allocation and Disclosures

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

Must be whole percentages and must add up to 100%.

AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

Dreyfus

% Dreyfus IP Small Cap Stock Index Portfolio

% Dreyfus Stock Index Fund, Inc.

% Dreyfus VIF Appreciation Portfolio

Fidelity Variable Insurance Products Fund

% Fidelity VIP Energy Portfolio*

% Fidelity VIP Equity-Income Portfolio

% Fidelity VIP Freedom Fund 2010 Portfolio

% Fidelity VIP Freedom Fund 2020 Portfolio

% Fidelity VIP Freedom Fund 2030 Portfolio

% Fidelity VIP Growth Portfolio

% Fidelity VIP Investment Grade Bond Portfolio

% Fidelity VIP Mid Cap Portfolio

% Fidelity VIP Overseas Portfolio*

Franklin Templeton Variable Insurance Products Trust

% Franklin Templeton VIPT Founding Funds Allocation Fund

% Franklin Templeton VIPT Global Bond Securities Fund*

% Franklin Templeton VIPT Income Securities Fund

% Franklin VIPT Small Cap Value Securities Fund

Huntington Variable Annuity Funds

% Huntington VA International Equity Fund

% Huntington VA Situs Fund

Invesco Variable Insurance Funds

% Invesco V.I. Capital Development Fund

Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

Janus Aspen Series

% Janus Aspen Series Forty Portfolio

% Janus Aspen Series Global Technology Portfolio*

% Janus Aspen Series Overseas Portfolio*

MFS® Variable Insurance Trust

% MFS VIT Value Series

MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

Nationwide Variable Insurance Trust (NVIT)

% American Century NVIT Growth Fund

% American Century NVIT Multi Cap Value Fund

% American Funds NVIT Asset Allocation Fund

% American Funds NVIT Bond Fund

% American Funds NVIT Global Growth Fund

% American Funds NVIT Growth Fund

% American Funds NVIT Growth-Income Fund

% Federated NVIT High Income Bond Fund*

% Neuberger Berman NVIT Multi Cap Opportunities Fund

% Neuberger Berman NVIT Socially Responsible Fund

% NVIT CardinalSM Aggressive Fund

% NVIT CardinalSM Balanced Fund

% NVIT CardinalSM Capital Appreciation Fund

% NVIT CardinalSM Conservative Fund

% NVIT CardinalSM Moderate Fund

% NVIT CardinalSM Moderately Aggressive Fund

% NVIT CardinalSM Moderately Conservative Fund

% NVIT Core Bond Fund

% NVIT Core Plus Bond Fund

% NVIT Emerging Markets Fund*

% NVIT Government Bond Fund

% NVIT International Equity Fund*

% NVIT International Index Fund*

% NVIT Investor Dest. Aggressive Fund

% NVIT Investor Dest. Balanced Fund

% NVIT Investor Dest. Capital Appreciation Fund

% NVIT Investor Dest. Conservative Fund

% NVIT Investor Dest. Moderate Fund

% NVIT Investor Dest. Moderately Aggressive Fund

% NVIT Investor Dest. Moderately Conservative Fund

% NVIT Mid Cap Index Fund

% NVIT Money Market Fund

% NVIT Multi-Manager International Growth Fund*

% NVIT Multi-Manager International Value Fund*

% NVIT Multi-Manager Large Cap Growth Fund

% NVIT Multi-Manager Large Cap Value Fund

% NVIT Multi-Manager Mid Cap Growth Fund

% NVIT Multi-Manager Mid Cap Value Fund

% NVIT Multi-Manager Small Cap Growth Fund

% NVIT Multi-Manager Small Cap Value Fund

% NVIT Multi-Manager Small Company Fund

% NVIT Multi Sector Bond Fund

% NVIT Nationwide Fund

% NVIT Real Estate Fund

% NVIT Short Term Bond Fund

% Oppenheimer NVIT Large Cap Growth Fund

% Templeton NVIT International Value Fund*

% Van Kampen NVIT Comstock Value Fund

Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

Oppenheimer Variable Account Funds

% Oppenheimer Global Securities Fund/VA*

% Oppenheimer Main Street® Fund/VA

% Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

PIMCO Variable Insurance Trust

% PIMCO VIT Foreign Bond Portfolio (unhedged)

% PIMCO VIT Low Duration Portfolio

% PIMCO VIT Total Return Portfolio

T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund*

Wells Fargo Advantage Variable Trust

% Wells Fargo Advantage VT Small Cap Growth Fund

MVA/Guar. Term Option (GTO) Not avail. in WA
\$1,000 minimum for each MVA/GTO Option selected.

% 3 Year

% 7 Year

% 5 Year

% 10 Year

Total fund allocations must equal 100%.

5. State Disclosures

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Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

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6. Contract Owner Signatures and Authorizations

6a. Replacement Information

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization (GTO/MVA not available in WA).

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



Contract Owner

Must Sign Here:

X John Q. Doe

Joint Contract Owner Signature (if any): X Jane M. Doe

State In Which Application Was Signed Anystate

Date: October 10, 2011

7. Primary Registered Representative Information

7a. Primary Registered Representative Replacement Information



- ☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☒ No Will the applied for Contract replace any existing life insurance or annuity contracts?

7b. Primary Registered Representative Information (Please print.)

First Name: MI: Last Name:
Office Street Address:
City: State: ZIP:
Phone: Percentage %
E-mail:
Broker/Dealer Name:
SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: ☒ Thomas A Moore

Date:

Principal's Signature: ☒ James P Smith

Date:

8. Additional Registered Representative Information

8a. Additional Registered Representative Replacement Information



- ☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?

8b. Additional Registered Representative Information (Please print.)

First Name: MI: Last Name:
Office Street Address:
City: State: ZIP:
Phone: Percentage %
E-mail:
Broker/Dealer Name:
SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: ☒

Date:

Principal's Signature: ☒

Date:



Nationwide Life Insurance Company

P.O. Box[182021]
Columbus, OH[43218-2021]
[1-800-321-6064]

[Nationwide DestinationSM L]

Nationwide Destination is a service mark of Nationwide
Mutual Insurance Company

Application for

Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$10,000

Page 1 of 8

[DC, IA, IL, NH, NV, and WA:]The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: John MI: Q Last Name: Doe

Employer/Trust Name (if applicable):

(Additional forms required. See the New Business enrollment packet.)

Date of Birth: 01/01/1956 Sex: ☒ M ☐ F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8 9

Street: 123 Anystreet

City: Anycity State: Anystate ZIP: 12345

E-mail Address: jdoe@abccompany.com Daytime Phone Number: (222) 222-2222

1b. Joint/Contingent Owner

Check **one** box only: ☒ Joint Owner (Limited to spouses, except in HI.)

☐ Contingent Owner (Available only with Non-Qualified Contracts.)

First Name: Jane MI: M Last Name: Doe

Date of Birth: 12/01/1961 Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321

Address: ☒ Same address as owner Street:

City: State: ZIP:

1c. Annuitant Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)

First Name: MI: Last Name:

Relationship to Contract Owner:

Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -

Address: ☐ Same address as owner Street:

City: State: ZIP:

E-mail Address: Daytime Phone Number: ()

1d. Spousal Protection/Co-Annuitant No added charge, part of the death benefit. **Not available with CRTs (Charitable Remainder Trust).** Must be age 85 or younger. With Spousal Protection, both spouses will automatically be Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person.

☐ Same as Joint Owner

First Name: MI: Last Name:

Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -


Address: ☐ Same address as owner Street:

City: State: ZIP:

1e. Contingent Annuitant (Must be age 85 or younger.)

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.
Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.

 If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.
By designating your spouse as a primary beneficiary AND not completing Spousal Protection/Co-Annuitant (section 1d), Nationwide will automatically add the Spousal Protection feature. If you do not want the Spousal Protection feature, please check the box below.

☐ I do not wish to add the Spousal Protection feature to my contract.

Primary Beneficiaries

☐ Pay all Primary Beneficiaries equally

Legal First Name: John MI: Q Last Name: Doe
Relationship to Annuitant: Self Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789 Sex: ☒ M ☐ F Date of Birth: 01/01/1956
Address: ☒ Same address as owner Street:
City: State: ZIP:

Legal First Name: Jane MI: M Last Name: Doe
Relationship to Annuitant: Wife Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321 Sex: ☐ M ☒ F Date of Birth: 12/01/1961
Address: ☒ Same address as owner Street:
City: State: ZIP:

Contingent Beneficiaries

☐ Pay all Contingent Beneficiaries equally

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

If more than two Beneficiaries, list additional names on the Additional Beneficiaries form (in New Business Enrollment Packet).



2. Contract Information

2a. Contract Type *Must specify by checking a box.*

☒ Non-Qualified

☐ Beneficially Owned Non-Qualified*

☐ CRT* (Charitable Remainder Trust)

☐ Traditional IRA – Tax Year:

☐ Beneficially Owned/Inherited IRA*

☐ Custodial Owned IRA

☐ Roth IRA – Tax Year: Tax Year Roth IRA started:

☐ Beneficially Owned/Inherited Roth IRA*

☐ SIMPLE IRA*

☐ SEP IRA*

☐ 401(k)*

☐ 401(a)* (Investment Only)

* Additional forms required.

2b. Purchase Payment

Approximate Amount: \$ (\$10,000 initial minimum.)

Payment Submitted Via: ☒ Check ☐ Wire ☐ 1035(a) Exchange* ☐ Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.

2c. Transfer Authorization for Registered Representative

☐ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

Complete this page if you want the L.inc Option.
Please submit all pages of the application.

Page 4 of 8

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. I elect: ☒ The Nationwide Lifetime Income Rider® (L.inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Dollar Cost Averaging (DCA) with L.inc

☐ 6-Month Enhanced DCA

☐ 12-Month Enhanced DCA

If neither box is checked DCA will **not** be established.

Select one or more funds from Box A, or one model from Box B.

A Whole percentages only. Must add up to 100%.

- | | |
|------------------------|--|
| 50 % | American Funds NVIT Asset Allocation Fund |
| <input type="text"/> % | Fidelity VIP Freedom Fund 2010 Portfolio |
| 50 % | Fidelity VIP Freedom Fund 2020 Portfolio |
| <input type="text"/> % | NVIT Cardinal SM Conservative Fund |
| <input type="text"/> % | NVIT Cardinal SM Moderately Conservative Fund |
| <input type="text"/> % | NVIT Cardinal SM Balanced Fund |
| <input type="text"/> % | NVIT Cardinal SM Moderate Fund |
| <input type="text"/> % | NVIT Cardinal SM Capital Appreciation Fund |
| <input type="text"/> % | NVIT Investor Dest. Conservative Fund |
| <input type="text"/> % | NVIT Investor Dest. Moderately Conservative Fund |
| <input type="text"/> % | NVIT Investor Dest. Balanced Fund |
| <input type="text"/> % | NVIT Investor Dest. Moderate Fund |
| <input type="text"/> % | NVIT Investor Dest. Capital Appreciation Fund |
| = 100% | |

To elect asset rebalancing, please complete section 4a.

B Elect **one** option only. 100% of the variable money in the contract will be allocated to option elected.

☐ American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)

☐ Nationwide Custom Portfolio



Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Please check the box which best describes your anticipated use of this benefit.

☐ Immediately ☐ In ____ years ☒ Not Sure



If you want to begin immediate income, you must complete the L.inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from L.inc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. **Not available with CRT (Charitable Remainder Trust) contracts.**

☒ Spousal Continuation Benefit ☐ Same as Co-Annuitant

First Name: MI: Last Name:

Date of Birth: Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID:

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): ☐ Standard Death Benefit
☒ One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)
☐ Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest
(Annuitant/Co-Annuitant, age 75 or younger.) **Not available in WA.**

3d. Beneficiary Protector II **Not available in ND and WA.**

I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Asset Rebalancing *The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.*

☐ Quarterly ☐ Semi-Annually ☐ Annually

4b. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)

Do not complete this section if you selected DCA with L.inc in section 3a.

- ☐ 6-month Enhanced
☐ 12-month Enhanced
☐ Interest Averaging Monthly **Not available with L.inc**
☐ Standard Account Monthly: Dollar Amount to DCA \$ **Not available with L.inc**
(Choose only one fund.)
☐ Fixed Account
☐ NVIT Money Market Fund
☐ Neuberger Berman Advisers Management Trust
 AMT Short Duration Bond Portfolio
☐ NVIT Short Term Bond Fund
☐ PIMCO VIT Low Duration Portfolio
☐ NVIT Core Bond Fund
☐ NVIT Government Bond Fund

4c. Purchase Payment Allocation and Disclosures

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

Must be whole percentages and must add up to 100%.

AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

Dreyfus

% Dreyfus IP Small Cap Stock Index Portfolio

% Dreyfus Stock Index Fund, Inc.

% Dreyfus VIF Appreciation Portfolio

Fidelity Variable Insurance Products Fund

% Fidelity VIP Energy Portfolio*

% Fidelity VIP Equity-Income Portfolio

% Fidelity VIP Freedom Fund 2010 Portfolio

% Fidelity VIP Freedom Fund 2020 Portfolio

% Fidelity VIP Freedom Fund 2030 Portfolio

% Fidelity VIP Growth Portfolio

% Fidelity VIP Investment Grade Bond Portfolio

% Fidelity VIP Mid Cap Portfolio

% Fidelity VIP Overseas Portfolio*

Franklin Templeton Variable Insurance Products Trust

% Franklin Templeton VIPT Founding Funds Allocation Fund

% Franklin Templeton VIPT Global Bond Securities Fund*

% Franklin Templeton VIPT Income Securities Fund

% Franklin VIPT Small Cap Value Securities Fund

Huntington Variable Annuity Funds

% Huntington VA International Equity Fund

% Huntington VA Situs Fund

Invesco Variable Insurance Funds

% Invesco V.I. Capital Development Fund

Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

Janus Aspen Series

% Janus Aspen Series Forty Portfolio

% Janus Aspen Series Global Technology Portfolio*

% Janus Aspen Series Overseas Portfolio*

MFS® Variable Insurance Trust

% MFS VIT Value Series

MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

Nationwide Variable Insurance Trust (NVIT)

% American Century NVIT Growth Fund

% American Century NVIT Multi Cap Value Fund

% American Funds NVIT Asset Allocation Fund

% American Funds NVIT Bond Fund

% American Funds NVIT Global Growth Fund

% American Funds NVIT Growth Fund

% American Funds NVIT Growth-Income Fund

% Federated NVIT High Income Bond Fund*

% Neuberger Berman NVIT Multi Cap Opportunities Fund

% Neuberger Berman NVIT Socially Responsible Fund

% NVIT CardinalSM Aggressive Fund

% NVIT CardinalSM Balanced Fund

% NVIT CardinalSM Capital Appreciation Fund

% NVIT CardinalSM Conservative Fund

% NVIT CardinalSM Moderate Fund

% NVIT CardinalSM Moderately Aggressive Fund

% NVIT CardinalSM Moderately Conservative Fund

% NVIT Core Bond Fund

% NVIT Core Plus Bond Fund

% NVIT Emerging Markets Fund*

% NVIT Government Bond Fund

% NVIT International Equity Fund*

% NVIT International Index Fund*

% NVIT Investor Dest. Aggressive Fund

% NVIT Investor Dest. Balanced Fund

% NVIT Investor Dest. Capital Appreciation Fund

% NVIT Investor Dest. Conservative Fund

% NVIT Investor Dest. Moderate Fund

% NVIT Investor Dest. Moderately Aggressive Fund

% NVIT Investor Dest. Moderately Conservative Fund

% NVIT Mid Cap Index Fund

% NVIT Money Market Fund

% NVIT Multi-Manager International Growth Fund*

% NVIT Multi-Manager International Value Fund*

% NVIT Multi-Manager Large Cap Growth Fund

% NVIT Multi-Manager Large Cap Value Fund

% NVIT Multi-Manager Mid Cap Growth Fund

% NVIT Multi-Manager Mid Cap Value Fund

% NVIT Multi-Manager Small Cap Growth Fund

% NVIT Multi-Manager Small Cap Value Fund

% NVIT Multi-Manager Small Company Fund

% NVIT Multi Sector Bond Fund

% NVIT Nationwide Fund

% NVIT Real Estate Fund

% NVIT Short Term Bond Fund

% Oppenheimer NVIT Large Cap Growth Fund

% Templeton NVIT International Value Fund*

% Van Kampen NVIT Comstock Value Fund

Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

Oppenheimer Variable Account Funds

% Oppenheimer Global Securities Fund/VA*

% Oppenheimer Main Street® Fund/VA

% Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

PIMCO Variable Insurance Trust

% PIMCO VIT Foreign Bond Portfolio (unhedged)

% PIMCO VIT Low Duration Portfolio

% PIMCO VIT Total Return Portfolio

T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund*

Wells Fargo Advantage Variable Trust

% Wells Fargo Advantage VT Small Cap Growth Fund

Nationwide Life Insurance Company

% Fixed Account

Total fund allocations must equal 100%.

5. State Disclosures

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified. Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

6. Contract Owner Signatures and Authorizations

6a. Replacement Information

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



**Contract Owner
Must Sign Here:**

X John Q. Doe

Joint Contract Owner Signature (if any):

X Jane M. Doe

State In Which Application Was Signed:

Anystate

Date:

October 10, 2011

7. Primary Registered Representative Information

7a. Primary Registered Representative Replacement Information



- ☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☒ No Will the applied for Contract replace any existing life insurance or annuity contracts?

7b. Primary Registered Representative Information (Please print.)

First Name: Thomas MI: A. Last Name: Moore

Office Street Address: 456 Anystreet

City: Anycity State: Anystate ZIP: 12345

Phone: (555) 555-5555 Percentage 100 %

E-mail: tmoore@abcbrokerage.com

Broker/Dealer Name: ABC Brokerage

SSN #: 321 - 45 - 6789 (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X Thomas A Moore

Date: October 10, 2011

Principal's Signature: X James P Smith

Date: October 10, 2011

8. Additional Registered Representative Information

8a. Additional Registered Representative Replacement Information



- ☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?

8b. Additional Registered Representative Information (Please print.)

First Name: MI: Last Name:

Office Street Address:

City: State: ZIP:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X

Date:

Principal's Signature: X

Date:



Nationwide Life Insurance Company

P.O. Box 182021
Columbus, OH 43218-2021
1-800-321-6064

[Nationwide DestinationSM EV]

Nationwide Destination is a service mark of Nationwide Mutual Insurance Company

Application for

Individual Flexible Purchase Payment Variable Deferred Annuity

Minimum Initial Purchase Payment of \$10,000
for Non-Qualified and CRTs; \$3,000 for Qualified

Page 1 of 8

[DC, IA, IL, NH, NV, and WA.] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: John MI: Q Last Name: Doe
Employer/Trust Name (if applicable):
(Additional forms required. See the New Business enrollment packet.)
Date of Birth: 01/01/1956 Sex: ☒ M ☐ F Soc. Sec. No. or Tax ID: 1 2 3 4 5 6 7 8 9
Street: 123 Anystreet
City: Anycity State: Anystate ZIP: 12345
E-mail Address: jdoe@abccompany.com Daytime Phone Number: (222) 222-2222

1b. Joint/Contingent Owner

Check **one** box only: ☒ Joint Owner (Limited to spouses, except in HI.)
☐ Contingent Owner (Available only with Non-Qualified Contracts.)

First Name: Jane MI: M Last Name: Doe
Date of Birth: 12/01/1961 Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID: 987 - 65 - 4321
Address: ☒ Same address as owner Street:
City: State: ZIP:

1c. Annuitant Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)

First Name: MI: Last Name:
Relationship to Contract Owner:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:
E-mail Address: Daytime Phone Number: ()

1d. Spousal Protection/Co-Annuitant No added charge, part of the death benefit. **Not available with CRTs (Charitable Remainder Trust).** Must be age 85 or younger. With Spousal Protection, both spouses will automatically be Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person.

☐ Same as Joint Owner

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1e. Contingent Annuitant (Must be age 85 or younger.)

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.
Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.



If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.

By designating your spouse as a primary beneficiary AND not completing Spousal Protection/Co-Annuitant (section 1d), Nationwide will automatically add the Spousal Protection feature. If you do not want the Spousal Protection feature, please check the box below.

☐ I do not wish to add the Spousal Protection feature to my contract.

Primary Beneficiaries

☐ Pay all Primary Beneficiaries equally

Legal First Name: John MI: Q Last Name: Doe
Relationship to Annuitant: Self Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789 Sex: ☒ M ☐ F Date of Birth: 01/01/1956
Address: ☒ Same address as owner Street:
City: State: ZIP:

Legal First Name: Jane MI: M Last Name: Doe
Relationship to Annuitant: Wife Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321 Sex: ☐ M ☒ F Date of Birth: 12/01/1961
Address: ☒ Same address as owner Street:
City: State: ZIP:

Contingent Beneficiaries

☐ Pay all Contingent Beneficiaries equally

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

If more than two Beneficiaries, list additional names on the Additional Beneficiaries form (in New Business Enrollment Packet).



2. Contract Information

2a. Contract Type *Must specify by checking a box.*

- ☒ Non-Qualified
- ☐ Beneficially Owned Non-Qualified*
- ☐ CRT* (Charitable Remainder Trust)
- ☐ Traditional IRA – Tax Year:
- ☐ Beneficially Owned/Inherited IRA*
- ☐ Custodial Owned IRA
- ☐ Roth IRA – Tax Year: Tax Year Roth IRA started:
- ☐ Beneficially Owned/Inherited Roth IRA*
- ☐ SIMPLE IRA*
- ☐ SEP IRA*
- ☐ 401(k)*
- ☐ 401(a)* (Investment Only)

* Additional forms required.

2b. Purchase Payment

Approximate Amount: \$ (\$10,000 initial minimum for Non-Qualified and CRTs
\$3,000 for all other contract types)

Payment Submitted Via: ☒ Check ☐ Wire ☐ 1035(a) Exchange* ☐ Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.

2c. Transfer Authorization for Registered Representative

☐ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.



3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. I elect: ☒ **The Nationwide Lifetime Income Rider® (L.inc)**

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Dollar Cost Averaging (DCA) with L.inc

☐ **6-Month Enhanced DCA**

☐ **12-Month Enhanced DCA**

*If neither box is checked DCA will **not** be established.*

Select one or more funds from Box A, or one model from Box B.

A *Whole percentages only. Must add up to 100%.*

| | |
|-----------------------------------|--|
| <input type="text" value="50"/> % | American Funds NVIT Asset Allocation Fund |
| <input type="text" value=""/> % | Fidelity VIP Freedom Fund 2010 Portfolio |
| <input type="text" value="50"/> % | Fidelity VIP Freedom Fund 2020 Portfolio |
| <input type="text" value=""/> % | NVIT Cardinal SM Conservative Fund |
| <input type="text" value=""/> % | NVIT Cardinal SM Moderately Conservative Fund |
| <input type="text" value=""/> % | NVIT Cardinal SM Balanced Fund |
| <input type="text" value=""/> % | NVIT Cardinal SM Moderate Fund |
| <input type="text" value=""/> % | NVIT Cardinal SM Capital Appreciation Fund |
| <input type="text" value=""/> % | NVIT Investor Dest. Conservative Fund |
| <input type="text" value=""/> % | NVIT Investor Dest. Moderately Conservative Fund |
| <input type="text" value=""/> % | NVIT Investor Dest. Balanced Fund |
| <input type="text" value=""/> % | NVIT Investor Dest. Moderate Fund |
| <input type="text" value=""/> % | NVIT Investor Dest. Capital Appreciation Fund |
| = 100% | |

To elect asset rebalancing, please complete section 4a.

B *Elect **one** option only. 100% of the variable money in the contract will be allocated to option elected.*

☐ American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)

☐ Nationwide Custom Portfolio



Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Please check the box which best describes your anticipated use of this benefit.

☐ Immediately ☐ In ____ years ☒ Not Sure



If you want to begin immediate income, you must complete the L.inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Benefit

*By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from L.inc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life will be named as sole Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. **Not available with CRT (Charitable Remainder Trust) contracts.***

☒ **Spousal Continuation Benefit** ☐ **Same as Co-Annuitant**

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID:



3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): ☒ Standard Death Benefit
☐ One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)
☐ Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest
(Annuitant/Co Annuitant, age 75 or younger.) **Not available in WA.**

3d. Beneficiary Protector II **Not available in ND and WA.**

I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Asset Rebalancing *The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.*

☐ Quarterly ☐ Semi-Annually ☐ Annually

4b. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)

Do not complete this section if you selected DCA with L.inc in section 3a.

☐ 6-month Enhanced
☐ 12-month Enhanced
☐ Interest Averaging Monthly **Not available with L.inc**
☐ Standard Account Monthly: Dollar Amount to DCA \$ **Not available with L.inc**

(Choose only one fund.)

- ☐ Fixed Account
- ☐ NVIT Money Market Fund
- ☐ Neuberger Berman Advisers Management Trust
AMT Short Duration Bond Portfolio
- ☐ NVIT Short Term Bond Fund
- ☐ PIMCO VIT Low Duration Portfolio
- ☐ NVIT Core Bond Fund
- ☐ NVIT Government Bond Fund

4c. Purchase Payment Allocation and Disclosures

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

Must be whole percentages and must add up to 100%.

AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

Dreyfus

% Dreyfus IP Small Cap Stock Index Portfolio

% Dreyfus Stock Index Fund, Inc.

% Dreyfus VIF Appreciation Portfolio

Fidelity Variable Insurance Products Fund

% Fidelity VIP Energy Portfolio*

% Fidelity VIP Equity-Income Portfolio

% Fidelity VIP Freedom Fund 2010 Portfolio

% Fidelity VIP Freedom Fund 2020 Portfolio

% Fidelity VIP Freedom Fund 2030 Portfolio

% Fidelity VIP Growth Portfolio

% Fidelity VIP Investment Grade Bond Portfolio

% Fidelity VIP Mid Cap Portfolio

% Fidelity VIP Overseas Portfolio*

Franklin Templeton Variable Insurance Products Trust

% Franklin Templeton VIPT Founding Funds Allocation Fund

% Franklin Templeton VIPT Global Bond Securities Fund*

% Franklin Templeton VIPT Income Securities Fund

% Franklin VIPT Small Cap Value Securities Fund

Huntington Variable Annuity Funds

% Huntington VA International Equity Fund

% Huntington VA Situs Fund

Invesco Variable Insurance Funds

% Invesco V.I. Capital Development Fund

Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

Janus Aspen Series

% Janus Aspen Series Forty Portfolio

% Janus Aspen Series Global Technology Portfolio*

% Janus Aspen Series Overseas Portfolio*

MFS® Variable Insurance Trust

% MFS VIT Value Series

MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

Nationwide Variable Insurance Trust (NVIT)

% American Century NVIT Growth Fund

% American Century NVIT Multi Cap Value Fund

% American Funds NVIT Asset Allocation Fund

% American Funds NVIT Bond Fund

% American Funds NVIT Global Growth Fund

% American Funds NVIT Growth Fund

% American Funds NVIT Growth-Income Fund

% Federated NVIT High Income Bond Fund*

% Neuberger Berman NVIT Multi Cap Opportunities Fund

% Neuberger Berman NVIT Socially Responsible Fund

% NVIT CardinalSM Aggressive Fund

% NVIT CardinalSM Balanced Fund

% NVIT CardinalSM Capital Appreciation Fund

% NVIT CardinalSM Conservative Fund

% NVIT CardinalSM Moderate Fund

% NVIT CardinalSM Moderately Aggressive Fund

% NVIT CardinalSM Moderately Conservative Fund

% NVIT Core Bond Fund

% NVIT Core Plus Bond Fund

% NVIT Emerging Markets Fund*

% NVIT Government Bond Fund

% NVIT International Equity Fund*

% NVIT International Index Fund*

% NVIT Investor Dest. Aggressive Fund

% NVIT Investor Dest. Balanced Fund

% NVIT Investor Dest. Capital Appreciation Fund

% NVIT Investor Dest. Conservative Fund

% NVIT Investor Dest. Moderate Fund

% NVIT Investor Dest. Moderately Aggressive Fund

% NVIT Investor Dest. Moderately Conservative Fund

% NVIT Mid Cap Index Fund

% NVIT Money Market Fund

% NVIT Multi-Manager International Growth Fund*

% NVIT Multi-Manager International Value Fund*

% NVIT Multi-Manager Large Cap Growth Fund

% NVIT Multi-Manager Large Cap Value Fund

% NVIT Multi-Manager Mid Cap Growth Fund

% NVIT Multi-Manager Mid Cap Value Fund

% NVIT Multi-Manager Small Cap Growth Fund

% NVIT Multi-Manager Small Cap Value Fund

% NVIT Multi-Manager Small Company Fund

% NVIT Multi Sector Bond Fund

% NVIT Nationwide Fund

% NVIT Real Estate Fund

% NVIT Short Term Bond Fund

% Oppenheimer NVIT Large Cap Growth Fund

% Templeton NVIT International Value Fund*

% Van Kampen NVIT Comstock Value Fund

Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

Oppenheimer Variable Account Funds

% Oppenheimer Global Securities Fund/VA*

% Oppenheimer Main Street® Fund/VA

% Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

PIMCO Variable Insurance Trust

% PIMCO VIT Foreign Bond Portfolio (unhedged)

% PIMCO VIT Low Duration Portfolio

% PIMCO VIT Total Return Portfolio

T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund*

Wells Fargo Advantage Variable Trust

% Wells Fargo Advantage VT Small Cap Growth Fund

Nationwide Life Insurance Company

% Fixed Account

Total fund allocations must equal 100%.

5. State Disclosures

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

6. Contract Owner Signatures and Authorizations

6a. Replacement Information

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



**Contract Owner
Must Sign Here:**

John Q. Doe

X

Jane M. Doe

Joint Contract Owner Signature (if any): X

State In Which Application Was Signed: Anystate

Date: October 10, 2011

7. Primary Registered Representative Information

7a. Primary Registered Representative Replacement Information



☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☒ No Will the applied for Contract replace any existing life insurance or annuity contracts?

7b. Primary Registered Representative Information (Please print.)

First Name: Thomas MI: A. Last Name: Moore

Office Street Address: 456 Anystreet

City: Anycity State: Anystate ZIP: 12345

Phone: (555) 555-5555 Percentage 100 %

E-mail: tmoore@abcbrokerage.com

Broker/Dealer Name: ABC Brokerage

SSN #: 321 - 45 - 6789 (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X Thomas A Moore

Date: October 10, 2011

Principal's Signature: X James P Smith

Date: October 10, 2011

8. Additional Registered Representative Information

8a. Additional Registered Representative Replacement Information



☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?

8b. Additional Registered Representative Information (Please print.)

First Name: MI: Last Name:

Office Street Address:

City: State: ZIP:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X

Date:

Principal's Signature: X

Date:



Nationwide Life Insurance Company

P.O. Box [182021]
Columbus, OH [43218-2021]
[1-800-321-6064]

[Nationwide DestinationSM B]

Nationwide Destination is a service mark of Nationwide
Mutual Insurance Company

Application for

**Individual Flexible Purchase Payment
Variable Deferred Annuity**

Minimum Initial Purchase Payment of \$10,000

Page 1 of 8

[DC, IA, IL, NH, NV, and WA.] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: [John] MI: [Q] Last Name: [Doe]

Employer/Trust Name (if applicable): []

(Additional forms required. See the New Business enrollment packet.)

Date of Birth: [01/01/1956] Sex: ☒ M ☐ F Soc. Sec. No. or Tax ID: [1][2][3][4][5][6][7][8][9]

Street: [123 Anystreet]

City: [Anycity] State: [Anystate] ZIP: [12345]

E-mail Address: [jdoe@abccompany.com] Daytime Phone Number: ([222]) [222-2222]

1b. Joint/Contingent Owner

Check **one** box only: ☒ Joint Owner *(Limited to spouses, except in HI.)*

☐ Contingent Owner *(Available only with Non-Qualified Contracts.)*

First Name: [Jane] MI: [M] Last Name: [Doe]

Date of Birth: [12/01/1961] Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID: [987] - [65] - [4321]

Address: ☒ Same address as owner Street: []

City: [] State: [] ZIP: []

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: [] MI: [] Last Name: []

Relationship to Contract Owner: []

Date of Birth: [] Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: [] - []

Address: ☐ Same address as owner Street: []

City: [] State: [] ZIP: []

E-mail Address: [] Daytime Phone Number: ([]) []

1d. Spousal Protection/Co-Annuitant *No added charge, part of the death benefit. **Not available with CRTs (Charitable Remainder Trust).** Must be age 85 or younger. With Spousal Protection, both spouses will automatically be Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person.*

☐ Same as Joint Owner

First Name: [] MI: [] Last Name: []

Date of Birth: [] Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: [] - []

Address: ☐ Same address as owner Street: []

City: [] State: [] ZIP: []



1e. Contingent Annuitant (Must be age 85 or younger.)

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.
Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.



If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.

By designating your spouse as a primary beneficiary AND not completing Spousal Protection/Co-Annuitant (section 1d), Nationwide will automatically add the Spousal Protection feature. If you do not want the Spousal Protection feature, please check the box below.

☐ I do not wish to add the Spousal Protection feature to my contract.

Primary Beneficiaries

☐ Pay all Primary Beneficiaries equally

Legal First Name: John MI: Q Last Name: Doe
Relationship to Annuitant: Self Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789 Sex: ☒ M ☐ F Date of Birth: 01/01/1956
Address: ☒ Same address as owner Street:
City: State: ZIP:

Legal First Name: Jane MI: M Last Name: Doe
Relationship to Annuitant: Wife Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321 Sex: ☐ M ☒ F Date of Birth: 12/01/1961
Address: ☒ Same address as owner Street:
City: State: ZIP:

Contingent Beneficiaries

☐ Pay all Contingent Beneficiaries equally

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

If more than two Beneficiaries, list additional names on the Additional Beneficiaries form (in New Business Enrollment Packet).



2. Contract Information

2a. Contract Type *Must specify by checking a box.*

- ☒ Non-Qualified
- ☐ Beneficially Owned Non-Qualified*
- ☐ CRT* (Charitable Remainder Trust)
- ☐ Traditional IRA – Tax Year:
- ☐ Beneficially Owned/Inherited IRA*
- ☐ Custodial Owned IRA
- ☐ Roth IRA – Tax Year: Tax Year Roth IRA started:
- ☐ Beneficially Owned/Inherited Roth IRA*
- ☐ SIMPLE IRA*
- ☐ SEP IRA*
- ☐ 401(k)*
- ☐ 401(a)* (Investment Only)

* Additional forms required.

2b. Purchase Payment

Approximate Amount: \$ (\$10,000 initial minimum.)

Payment Submitted Via: ☒ Check ☐ Wire ☐ 1035(a) Exchange* ☐ Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.

2c. Transfer Authorization for Registered Representative

☐ By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. I elect: ☒ **The Nationwide Lifetime Income Rider® (L.inc)**

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Dollar Cost Averaging (DCA) with L.inc

☐ **6-Month Enhanced DCA**

☐ **12-Month Enhanced DCA**

*If neither box is checked DCA will **not** be established.*

Select one or more funds from Box A, or one model from Box B.

A *Whole percentages only. Must add up to 100%.*

| | | |
|----------------------|---|--|
| <input type="text"/> | % | American Funds NVIT Asset Allocation Fund |
| <input type="text"/> | % | Fidelity VIP Freedom Fund 2010 Portfolio |
| <input type="text"/> | % | Fidelity VIP Freedom Fund 2020 Portfolio |
| <input type="text"/> | % | NVIT Cardinal SM Conservative Fund |
| <input type="text"/> | % | NVIT Cardinal SM Moderately Conservative Fund |
| <input type="text"/> | % | NVIT Cardinal SM Balanced Fund |
| <input type="text"/> | % | NVIT Cardinal SM Moderate Fund |
| <input type="text"/> | % | NVIT Cardinal SM Capital Appreciation Fund |
| <input type="text"/> | % | NVIT Investor Dest. Conservative Fund |
| <input type="text"/> | % | NVIT Investor Dest. Moderately Conservative Fund |
| <input type="text"/> | % | NVIT Investor Dest. Balanced Fund |
| <input type="text"/> | % | NVIT Investor Dest. Moderate Fund |
| <input type="text"/> | % | NVIT Investor Dest. Capital Appreciation Fund |
| = 100% | | |

To elect asset rebalancing, please complete section 4a.

B *Elect **one** option only. 100% of the variable money in the contract will be allocated to option elected.*

☒ **American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)**

☐ **Nationwide Custom Portfolio**



Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Please check the box which best describes your anticipated use of this benefit.

☐ Immediately ☐ In ____ years ☒ Not Sure



If you want to begin immediate income, you must complete the L.inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

*By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life (Spouse must be between the age of 45 and 85). This benefit will allow the income from L.inc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life will be named as sole Primary Beneficiaries. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. **Not available with CRT (Charitable Remainder Trust) contracts.***

☒ **Spousal Continuation Benefit** ☐ **Same as Co-Annuitant**

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID:

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): ☐ Standard Death Benefit
☒ One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)
☐ Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest
(Annuitant/Co Annuitant, age 75 or younger.) **Not available in WA.**

3d. Beneficiary Protector II **Not available in ND and WA.**

I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Asset Rebalancing *The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.*

☐ Quarterly ☐ Semi-Annually ☐ Annually

4b. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)

Do not complete this section if you selected DCA with L.inc in section 3a.

☐ 6-month Enhanced
☐ 12-month Enhanced
☐ Interest Averaging Monthly **Not available with L.inc**
☐ Standard Account Monthly: Dollar Amount to DCA \$ **Not available with L.inc**

(Choose only one fund.)

- ☐ Fixed Account
- ☐ NVIT Money Market Fund
- ☐ Neuberger Berman Advisers Management Trust
AMT Short Duration Bond Portfolio
- ☐ NVIT Short Term Bond Fund
- ☐ PIMCO VIT Low Duration Portfolio
- ☐ NVIT Core Bond Fund
- ☐ NVIT Government Bond Fund

4c. Purchase Payment Allocation and Disclosures

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

Must be whole percentages and must add up to 100%.

AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein VPS Small/Mid Cap Value Portfolio

American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

BlackRock Variable Series Funds, Inc.

% BlackRock Global Allocation V.I. Fund

Dreyfus

% Dreyfus IP Small Cap Stock Index Portfolio

% Dreyfus Stock Index Fund, Inc.

% Dreyfus VIF Appreciation Portfolio

Fidelity Variable Insurance Products Fund

% Fidelity VIP Energy Portfolio*

% Fidelity VIP Equity-Income Portfolio

% Fidelity VIP Freedom Fund 2010 Portfolio

% Fidelity VIP Freedom Fund 2020 Portfolio

% Fidelity VIP Freedom Fund 2030 Portfolio

% Fidelity VIP Growth Portfolio

% Fidelity VIP Investment Grade Bond Portfolio

% Fidelity VIP Mid Cap Portfolio

% Fidelity VIP Overseas Portfolio*

Franklin Templeton Variable Insurance Products Trust

% Franklin Templeton VIPT Founding Funds Allocation Fund

% Franklin Templeton VIPT Global Bond Securities Fund*

% Franklin Templeton VIPT Income Securities Fund

% Franklin VIPT Small Cap Value Securities Fund

Huntington Variable Annuity Funds

% Huntington VA International Equity Fund

% Huntington VA Situs Fund

Invesco Variable Insurance Funds

% Invesco V.I. Capital Development Fund

Ivy Funds Variable Insurance Portfolios, Inc.

% Ivy Funds VIP Asset Strategy

Janus Aspen Series

% Janus Aspen Series Forty Portfolio

% Janus Aspen Series Global Technology Portfolio*

% Janus Aspen Series Overseas Portfolio*

MFS® Variable Insurance Trust

% MFS VIT Value Series

MFS® Variable Insurance Trust II

% MFS VIT International Value Portfolio

Nationwide Variable Insurance Trust (NVIT)

% American Century NVIT Growth Fund

% American Century NVIT Multi Cap Value Fund

% American Funds NVIT Asset Allocation Fund

% American Funds NVIT Bond Fund

% American Funds NVIT Global Growth Fund

% American Funds NVIT Growth Fund

% American Funds NVIT Growth-Income Fund

% Federated NVIT High Income Bond Fund*

% Neuberger Berman NVIT Multi Cap Opportunities Fund

% Neuberger Berman NVIT Socially Responsible Fund

% NVIT CardinalSM Aggressive Fund

% NVIT CardinalSM Balanced Fund

% NVIT CardinalSM Capital Appreciation Fund

% NVIT CardinalSM Conservative Fund

% NVIT CardinalSM Moderate Fund

% NVIT CardinalSM Moderately Aggressive Fund

% NVIT CardinalSM Moderately Conservative Fund

% NVIT Core Bond Fund

% NVIT Core Plus Bond Fund

% NVIT Emerging Markets Fund*

% NVIT Government Bond Fund

% NVIT International Equity Fund*

% NVIT International Index Fund*

% NVIT Investor Dest. Aggressive Fund

% NVIT Investor Dest. Balanced Fund

% NVIT Investor Dest. Capital Appreciation Fund

% NVIT Investor Dest. Conservative Fund

% NVIT Investor Dest. Moderate Fund

% NVIT Investor Dest. Moderately Aggressive Fund

% NVIT Investor Dest. Moderately Conservative Fund

% NVIT Mid Cap Index Fund

% NVIT Money Market Fund

% NVIT Multi-Manager International Growth Fund*

% NVIT Multi-Manager International Value Fund*

% NVIT Multi-Manager Large Cap Growth Fund

% NVIT Multi-Manager Large Cap Value Fund

% NVIT Multi-Manager Mid Cap Growth Fund

% NVIT Multi-Manager Mid Cap Value Fund

% NVIT Multi-Manager Small Cap Growth Fund

% NVIT Multi-Manager Small Cap Value Fund

% NVIT Multi-Manager Small Company Fund

% NVIT Multi Sector Bond Fund

% NVIT Nationwide Fund

% NVIT Real Estate Fund

% NVIT Short Term Bond Fund

% Oppenheimer NVIT Large Cap Growth Fund

% Templeton NVIT International Value Fund*

% Van Kampen NVIT Comstock Value Fund

Neuberger Berman Advisers Management Trust

% Neuberger Berman AMT Short Duration Bond Portfolio

Oppenheimer Variable Account Funds

% Oppenheimer Global Securities Fund/VA*

% Oppenheimer Main Street® Fund/VA

% Oppenheimer Main Street Small- & Mid-Cap Fund®/VA

PIMCO Variable Insurance Trust

% PIMCO VIT Foreign Bond Portfolio (unhedged)

% PIMCO VIT Low Duration Portfolio

% PIMCO VIT Total Return Portfolio

T. Rowe Price Equity Series, Inc.

% T. Rowe Price Health Sciences Portfolio

Van Eck VIPT

% Van Eck VIPT Global Hard Assets Fund*

Wells Fargo Advantage Variable Trust

% Wells Fargo Advantage VT Small Cap Growth Fund

Nationwide Life Insurance Company

% Fixed Account

Total fund allocations must equal 100%.

5. State Disclosures

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

Notice to MN, ND, SC and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

6. Contract Owner Signatures and Authorizations

6a. Replacement Information

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



Contract Owner

Must Sign Here:

X John Q. Doe

Joint Contract Owner Signature (if any): X Jane M. Doe

State In Which Application Was Signed: Anystate

Date: October 10, 2011

7. Primary Registered Representative Information

7a. Primary Registered Representative Replacement Information



☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☒ No Will the applied for Contract replace any existing life insurance or annuity contracts?

7b. Primary Registered Representative Information (Please print.)

First Name: Thomas MI: A. Last Name: Moore

Office Street Address: 456 Anystreet

City: Anycity State: Anystate ZIP: 12345

Phone: (555) 555-5555 Percentage 100 %

E-mail: tmoore@abcbrokerage.com

Broker/Dealer Name: ABC Brokerage

SSN #: 321 - 45 - 6789 (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X Thomas A Moore Date: October 10, 2011

Principal's Signature: X James P Smith Date: October 10, 2011

8. Additional Registered Representative Information

8a. Additional Registered Representative Replacement Information



☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?

8b. Additional Registered Representative Information (Please print.)

First Name: MI: Last Name:

Office Street Address:

City: State: ZIP:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X Date:

Principal's Signature: X Date:



1e. Contingent Annuitant (Must be age 85 or younger.)

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☐ F Soc. Sec. No. or Tax ID: - -
Address: ☐ Same address as owner Street:
City: State: ZIP:

1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.
Providing your beneficiaries social security numbers (SSN) will help expedite beneficiary claims and will ensure that Nationwide can properly identify your beneficiaries.



If you elected Spousal Protection/Co-Annuitant (section 1d), both spouses will automatically be primary beneficiaries. Instead only provide your contingent beneficiaries.

Primary Beneficiaries

☐ Pay all Primary Beneficiaries equally

Legal First Name: John MI: Q Last Name: Doe
Relationship to Annuitant: Self Allocation (whole % only): 100 %
SSN #: 123 - 45 - 6789 Sex: ☒ M ☐ F Date of Birth: 01/01/1956
Address: ☒ Same address as owner Street:
City: State: ZIP:

Legal First Name: Jane MI: M Last Name: Doe
Relationship to Annuitant: Wife Allocation (whole % only): 100 %
SSN #: 987 - 65 - 4321 Sex: ☐ M ☒ F Date of Birth: 12/01/1961
Address: ☒ Same address as owner Street:
City: State: ZIP:

Contingent Beneficiaries

☐ Pay all Contingent Beneficiaries equally

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

Legal First Name: MI: Last Name:
Relationship to Annuitant: Allocation (whole % only): %
SSN #: - - Sex: ☐ M ☐ F Date of Birth:
Address: ☐ Same address as owner Street:
City: State: ZIP:

If more than two Beneficiaries, list additional names on the Additional Beneficiaries form (in New Business Enrollment Packet).



2. Contract Information

2a. Contract Type *Must specify by checking a box.*

- ☒ Non-Qualified
- ☐ Beneficially Owned Non-Qualified*
- ☐ CRT* (Charitable Remainder Trust)
- ☐ Traditional IRA – Tax Year:
- ☐ Beneficially Owned/Inherited IRA*
- ☐ Custodial Owned IRA
- ☐ Roth IRA – Tax Year: Tax Year Roth IRA started:
- ☐ Beneficially Owned/Inherited Roth IRA*
- ☐ SIMPLE IRA*
- ☐ SEP IRA*
- ☐ 401(k)*
- ☐ 401(a)* (Investment Only)

** Additional forms required.*

2b. Purchase Payment

Approximate Amount: \$ **\$10,000 initial minimum for Non-Qualified and CRTs (\$1,000 for all other contract types).**

Payment Submitted Via: ☒ Check ☐ Wire ☐ 1035(a) Exchange* ☐ Transfer/Rollover*

** Additional forms required. Please see the New Business Enrollment Packet.*

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. I elect: ☒ **The Nationwide Lifetime Income Rider® (L.inc)** *Not available if any Extra Value Option is elected. Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.*

Dollar Cost Averaging (DCA) with L.inc

☐ **6-Month Enhanced DCA**

☐ **12-Month Enhanced DCA**

*If neither box is checked DCA will **not** be established.*

Whole percentages only. Must add up to 100%.

| | | |
|---------------------------------|---|--|
| <input type="text" value="50"/> | % | Ivy Funds VIP Pathfinder Conservative |
| <input type="text" value=""/> | % | Ivy Funds VIP Pathfinder Moderately Conservative |
| <input type="text" value="50"/> | % | Ivy Funds VIP Pathfinder Moderate |
| <input type="text" value=""/> | % | Ivy Funds VIP Pathfinder Moderately Aggressive |
| <input type="text" value=""/> | % | NVIT Investor Dest. Conservative Fund |
| <input type="text" value=""/> | % | NVIT Investor Dest. Moderately Conservative Fund |
| <input type="text" value=""/> | % | NVIT Investor Dest. Balanced Fund |
| <input type="text" value=""/> | % | NVIT Investor Dest. Moderate Fund |
| <input type="text" value=""/> | % | NVIT Investor Dest. Capital Appreciation Fund |
| <hr/> | | |
| = 100% | | |



If you want to begin immediate income, you must complete the L.inc Administrative form in the New Business Enrollment Packet.

Please check the box which best describes your anticipated use of this benefit.

☐ Immediately ☐ In _____ years ☒ Not Sure

3b. Spousal Continuation Option

*By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) This benefit will allow the income from L.inc to continue to the Joint Determining Life after the death of the Determining Life. Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. When the Contract Owner named in section 1a. is a natural owner, this feature requires that the Contract Owner and Annuitant be the same person. **Not available with CRT (Charitable Remainder Trust) contracts.***

☒ **Spousal Continuation Benefit** ☐ **Same as Co-Annuitant**

First Name: MI: Last Name:
Date of Birth: Sex: ☐ M ☒ F Soc. Sec. No. or Tax ID:

3c. Death Benefits If a death benefit option is not elected, we will default to the Standard Death Benefit.

I elect (choose only **one**): ☐ Standard Death Benefit
☐ One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 85 or younger.)
☐ One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 85 or younger.)
☐ Five-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 85 or younger.)
☐ Combination Enhanced Death Benefit - Greater of One-Year/5% (Annuitant/Co-Annuitant, age 80 or younger.) **Not available in WA.**

3d. Beneficiary Protector II **Not available in ND and WA.**

I elect: ☐ Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

3e. Extra Value None of the Extra Value Options are available with L.inc Options. **Not available in MN.**

I elect (choose only **one**): ☐ 3% Extra Value ☐ 4% Extra Value **Not available in UT**

4. Investment Options

4a. Asset Rebalancing The contract value, excluding amounts in any fixed account, will be rebalanced based on the variable fund purchase payment allocations elected on the application at the frequency selected below unless subsequently changed.

☐ Quarterly ☐ Semi-Annually ☐ Annually

4b. Dollar Cost Averaging (DCA) – DCA these allocations from: (Choose only one Option.)

Do not complete this section if you selected DCA with L.inc in section 3a.

- ☐ 6-month Enhanced
☐ 12-month Enhanced
☐ Interest Averaging Monthly **Not available with L.inc**
☐ Standard Account Monthly: Dollar Amount to DCA \$ **Not available with L.inc**
(Choose only one fund.)
☐ Fixed Account
☐ Ivy Funds VIP Money Market

4c. Purchase Payment Allocation and Disclosures.

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly. Consult your prospectus for reference to Share Class.

Must be whole percentages and must add up to 100%.

Ivy Funds Variable Insurance Portfolios, Inc.

| |
|---|
| % Ivy Funds VIP Asset Strategy |
| % Ivy Funds VIP Balanced |
| % Ivy Funds VIP Bond |
| % Ivy Funds VIP Core Equity |
| % Ivy Funds VIP Dividend Opportunities |
| % Ivy Funds VIP Energy |
| % Ivy Funds VIP Global Bond |
| % Ivy Funds VIP Global Natural Resources |
| % Ivy Funds VIP Growth |
| % Ivy Funds VIP High Income |
| % Ivy Funds VIP International Core Equity |
| % Ivy Funds VIP International Growth |
| % Ivy Funds VIP Limited-Term Bond |
| % Ivy Funds VIP Micro Cap Growth |
| % Ivy Funds VIP Mid Cap Growth |
| % Ivy Funds VIP Money Market |
| % Ivy Funds VIP Real Estate Securities |
| % Ivy Funds VIP Science and Technology |
| % Ivy Funds VIP Small Cap Growth |
| % Ivy Funds VIP Small Cap Value |
| % Ivy Funds VIP Value |

| |
|--|
| % Ivy Funds VIP Pathfinder Conservative |
| % Ivy Funds VIP Pathfinder Moderately Conservative |
| % Ivy Funds VIP Pathfinder Moderate |
| % Ivy Funds VIP Pathfinder Moderately Aggressive |
| % Ivy Funds VIP Pathfinder Aggressive |

NVIT Investor Destinations Funds

| |
|--|
| % NVIT Investor Dest. Conservative Fund |
| % NVIT Investor Dest. Moderately Conservative Fund |
| % NVIT Investor Dest. Balanced Fund |
| % NVIT Investor Dest. Moderate Fund |
| % NVIT Investor Dest. Capital Appreciation Fund |
| % NVIT Investor Dest. Moderately Aggressive Fund |
| % NVIT Investor Dest. Aggressive Fund |

Nationwide Life Insurance Company

| | |
|--|-----------|
| % Fixed Account | |
| MVA/Guar. Term Option (GTO) Not avail. in MN and WA | |
| \$1,000 minimum for each MVA/GTO Option selected. | |
| % 3 Year | % 7 Year |
| % 5 Year | % 10 Year |

Total fund allocations must equal 100%.

5. State Disclosures

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Notice to MN, ND, SC, and SD Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

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Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

6. Contract Owner Signatures and Authorizations

6a. Replacement Information

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?



If you answered "yes" to EITHER question above, your state may require NAIC or state specific replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC or state specific replacement forms.

6b. Disclosure and Signatures

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization (GTO/MVA not available in MN and WA).

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



**Contract Owner
Must Sign Here:**

X John Q. Doe

Joint Contract Owner Signature (if any): X

Jane M. Doe

State In Which Application Was Signed: Anystate

Date: October 10, 2011

7. Primary Registered Representative Information

7a. Primary Registered Representative Replacement Information



- ☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☒ No Will the applied for Contract replace any existing life insurance or annuity contracts?

7b. Primary Registered Representative Information (Please print.)

First Name: Thomas MI: A. Last Name: Moore

Office Street Address: 456 Anystreet

City: Anycity State: Anystate ZIP: 12345

Phone: (555) 555-5555 Percentage 100 %

E-mail: tmoore@abcbrokerage.com

Broker/Dealer Name: ABC Brokerage

SSN #: 321 - 45 - 6789 (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X Thomas A Moore

Date: October 10, 2011

Principal's Signature: X James P Smith

Date: October 10, 2011

8. Additional Registered Representative Information

8a. Additional Registered Representative Replacement Information



- ☐ Yes ☐ No Are you aware of any existing annuities or insurance owned by the applicant?
☐ Yes ☐ No Will the applied for Contract replace any existing life insurance or annuity contracts?

8b. Additional Registered Representative Information (Please print.)

First Name: MI: Last Name:

Office Street Address:

City: State: ZIP:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X

Date:

Principal's Signature: X

Date:



NATIONWIDE LIFE INSURANCE COMPANY

[P.O. Box 1234, Columbus, OH 43215-1234]

[1-800-321-9332]

Application

[Individual Flexible Purchase Payment Variable Deferred Annuity]

Please verify that the information is correct and *carefully read* and sign where indicated.

[DC, IA, IL, MA, NH, NJ, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

CONTRACT INFORMATION**Product Name:** [Nationwide Destination B]**Contract Type:** [Non-Qualified]**Initial Purchase Payment:** [\$5,000]**[Source of Initial Purchase Payment:** [Wire, Check ,IRA]]**Contract Owner Information**

[Name: John A. Doe]

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Annuitant Information

[Name: John A. Doe]

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Joint Owner Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Co-Annuitant Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Owner Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Annuitant Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Beneficiaries

| <u>Name</u> | <u>SSN</u> | <u>Birth Date</u> | <u>Primary or Contingent</u> | <u>Percentage Allocation</u> | <u>Relationship to Annuitant</u> |
|----------------|---------------|--------------------|------------------------------|------------------------------|----------------------------------|
| [Cam A. Doe] | [123-45-6789] | [January 1, 2000] | [Primary] | [50%] | [Brother] |
| [Cayla B. Doe] | [987-65-4321] | [November 1, 2005] | [Primary] | [50%] | [Sister] |
| [Asia B. Doe] | [654-12-3789] | [May 11, 1989] | [Contingent] | [100%] | [Sister] |

Contract Options Elected

[Standard Death Benefit]

Beneficiary Protector II

3% Extra Value

5-Year CDSC]

Initial Purchase Payment Allocation

Please note: The underlying investment options listed on this application are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

| | |
|---------------------------|-----|
| GVIT EMERGING MARKETS | 25% |
| JP MORGAN GVIT BALANCED I | 25% |
| FID VIP OVERSEAS PORT SC | 25% |
| AM CEN VIP VALUE I | 25% |

Administrative Services [None]

Asset Rebalancing – Only the variable portion of the allocations will be rebalanced.

Frequency: [☐ Monthly] [☐ Quarterly] [☐ Semi-Annually] [☐ Annually]

Dollar Cost Averaging (DCA) – DCA Program Elected:

[☐ 6-month Enhanced]

[☐ 12-month Enhanced]

[☐ Interest Averaging Monthly]

[☐ Standard Fixed Account Monthly: Dollar Amount \$ []]

Disclosures

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

NOTICE TO MN, ND, SC AND SD RESIDENTS ONLY: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

NOTICE TO AR, CO, KY, ME, NM, OH AND TN RESIDENTS ONLY: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

NOTICE TO MN RESIDENTS ONLY: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

NOTICE TO MD RESIDENTS ONLY: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO DC RESIDENTS ONLY: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to PR Residents Only: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If extenuating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO NJ RESIDENTS ONLY: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Transfer Authorization for Registered Representative

☐ Yes, I have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under my Contract and/or to allocate any future Purchase Payments on my behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you. Your signature and the Registered Representative's signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

☐ No: I elect not to allow my Registered Representative to have transfer authorization.

CONTRACT OWNER SIGNATURES

State In Which The Application Is Signed [Anystate]

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.

Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011
(Signature) (Date) (Signature) (Date)

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

Registered Representative¹: Thomas A. Moore 9/1/2011 Firm Name: ABC Producer
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

¹Registered Representatives are Insurance Agents.

ADDITIONAL REGISTERED REPRESENTATIVE INFORMATION

☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

Registered Representative: Thomas A. Moore 09/01/2011 Firm Name: ABC Brokerage
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

Remarks

NATIONWIDE LIFE INSURANCE COMPANY

[P.O. Box 1234, Columbus, OH 43215-1234]

[1-800-321-9332]

Application

[Individual Flexible Purchase Payment Variable Deferred Annuity]

Please verify that the information is correct and *carefully read* and sign where indicated.

[DC, IA, IL, MA, NH, NJ, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

CONTRACT INFORMATION**Product Name:** [Nationwide Destination B]**Initial Purchase Payment:** [\$5,000]**Contract Type:** [Non-Qualified]**[Source of Initial Purchase Payment:** [Wire, Check ,IRA]]**Contract Owner Information**

[Name: John A. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Annuitant Information

[Name: John A. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Joint Owner Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Co-Annuitant Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Owner Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Annuitant Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Beneficiaries

| <u>Name</u> | <u>SSN</u> | <u>Birth Date</u> | <u>Primary or Contingent</u> | <u>Percentage Allocation</u> | <u>Relationship to Annuitant</u> |
|----------------|---------------|--------------------|----------------------------------|----------------------------------|--------------------------------------|
| [Cam A. Doe] | [123-45-6789] | [January 1, 2000] | [Primary] | [50%] | [Brother] |
| [Cayla B. Doe] | [987-65-4321] | [November 1, 2005] | [Primary] | [50%] | [Sister] |
| [Asia B. Doe] | [654-12-3789] | [May 11, 1989] | [Contingent] | [100%] | [Sister] |

Contract Options Elected

[Standard Death Benefit

Beneficiary Protector II

3% Extra Value

5-Year CDSC]

Initial Purchase Payment Allocation

Please note: The underlying investment options listed on this application are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

| | |
|---------------------------|-----|
| GVIT EMERGING MARKETS | 25% |
| JP MORGAN GVIT BALANCED I | 25% |
| FID VIP OVERSEAS PORT SC | 25% |
| AM CEN VIP VALUE I | 25% |

Administrative Services [None]

Asset Rebalancing – Only the variable portion of the allocations will be rebalanced.

Frequency: [☐ Monthly] [☐ Quarterly] [☐ Semi-Annually] [☐ Annually]

Dollar Cost Averaging (DCA) – DCA Program Elected:

[☐ 6-month Enhanced]

[☐ 12-month Enhanced]

[☐ Interest Averaging Monthly]

[☐ Standard Fixed Account Monthly: Dollar Amount \$ []]

Disclosures

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☐ **No:** I elect not to allow my Registered Representative to have transfer authorization.

CONTRACT OWNER SIGNATURES

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By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.

Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011
(Signature) (Date) (Signature) (Date)

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

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(Signature) (Date)

Firm Name: ABC Brokerage

Print Reg. Rep. Name: Thomas A. Moore

Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

Remarks

SERFF Tracking Number: NWFA-127289152 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49211
Company Tracking Number: VAA-0101AO.9
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application Redesign and Order Entry Filing 2011
Project Name/Number: /

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|-----------------|
| Bypassed - Item: Flesch Certification | | |
| Bypass Reason: N/A This is an applications filing submission is for use with variable annuities, therefore flesch certification is not needed. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|--------------|-----------------|
| Bypassed - Item: Application | | |
| Bypass Reason: The applications are attached under the Forms Schedule. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|--------------|-----------------|
| Bypassed - Item: Life & Annuity - Acturial Memo | | |
| Bypass Reason: N/A Since this is an applications filing submission. | | |
| Comments: | | |